

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>8/13/04</u>		2 Serial/Patent # <u>09/960,453</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
Filing			\$							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
<input checked="" type="checkbox"/> Other <u>1461</u>			<u>\$ 200.</u>							
		7 TOTAL AMOUNT OF REFUND	<u>\$ 200.</u>							
		8 TO BE REFUNDED BY:	<u>CC</u>							
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table;"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table>				--				
		--								
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Irvin Vingle</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>Irvin Vingle</u>		PHONE: <u>306-5684</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****										
APPROVED: <u>Irvin Vingle</u>		DATE: <u>8/13/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B